

COUNTRYSIDE'S PET PARADISE, LLC

43450 St. Andrews Church Rd. Leonardtown, MD. 20650 301-475-2142 Fax 301-475-5565

CONTINUING CONTRACT FOR FUTURE SERVICES

OWNER: _____

Date _____

TERMS

I UNDERSTAND THE FOLLOWING TERMS APPLY TO ALL ANIMALS ADMITTED TO COUNTRYSIDE'S PET PARADISE KENNEL FOR ANY OF THE FOLLOWING REASONS: **BOARDING, GROOMING, AND DAYCARE:**

ALL ENTERING MUST BE CURRENT ON THE FOLLOWING VACCINES:

DOGS: **DHLPP (DISTEMPER COMBINATION WITH PARVO) BORDETELLA & RABIES**
CATS: **FCP (DISTEMPER) & RABIES**

All cats must be transported in carriers. All dogs must be on leash.

In the event you are unreachable: Phone number of person (s) who is authorized to make decisions regarding emergency medical treatment for all pets in the care of Countryside's Pet Paradise:

Name _____ Phone Number(_____) _____

AUTHORIZATION IS REQUIRED BEFORE A VETERINARIAN WILL TREAT AN ANIMAL.

Any and all items left with a pet must be labeled. Although it is rare, items may not get returned. COUNTRYSIDE'S PET PARADISE CANNOT GUARANTEE THE RETURN OF ITEMS LEFT. Items left may be misplaced or destroyed.

NO BEDDING OF ANY KIND WILL BE ACCEPTED.

PLEASE NOTE: You will be charged the day of check in regardless of arrival time, this guarantees your reservation space. If you check out **BEFORE 1:00 PM** you are not charged for that day. **THERE IS ALWAYS A FULL DAY'S CHARGE FOR SUNDAYS AND HOLIDAYS.** THE OFFICE IS CLOSED THE FOLLOWING HOLIDAYS: **NEW YEARS DAY* EASTER SUNDAY* JULY 4TH*THANKSGIVING*CHRISTMAS EVE AND CHRISTMAS DAY**
ALL OTHER HOLIDAYS WE ARE OPEN 2PM TO 5PM ONLY

ANIMALS WILL ONLY BE DISCHARGED DURING REGULAR -BUSINESS HOURS ANY PETS NOT PICKED UP BY CLOSING WILL BE BOARDED AND CURRENT BOARDING RATES WILL APPLY.

M-F: 8 AM-5 PM, SAT: 8 AM- 4 PM, SUN 2 PM-5 PM

THERE IS NO AFTER HOUR OR HOLIDAY DISCHARGES. I UNDERSTAND THAT PAYMENT IS DUE ON THE DATE OF DISCHARGE. OWNER AGREES THAT THE PET SHALL NOT LEAVE THE KENNEL UNTIL OWNER PAYS ALL BOARDING AND SERVICE COST.

Countryside's Pet Paradise will take all the necessary precautions to guard against illness and injury of my pet(s) however, if my pet becomes ill or is injured or otherwise requires professional medical attention; attempts will be made to contact me. If the emergency contact person or I cannot be reached, I hereby authorize such treatment as deemed necessary. _____ (Initials) I agree to pay all charges for special services requested and all veterinary cost for the for the pet(s) during the time in the care of Countryside's Pet Paradise. Countryside's Pet Paradise will not be held liable or responsible, under any circumstances should one of these situations arise. **To REFUSE** all treatment even in a life-threatening situation: Initial here _____. Countryside's Pet Paradise shall exercise reasonable care for my pet(s) It is expressly agreed by me and Countryside's Pet Paradise that that the kennels liability shall in no event exceed the lesser of the current chattel value of a pet of the same species or the sum of \$250.00 per animal; boarded. I further agree to be solely responsible for any and all acts or behavior of my pet(s) while in the care of Countryside's Pet Paradise. Should my pet remain unclaimed after the pick up date, I understand that written notice will be mailed. Ten days after such written notice the pet(s) will be considered abandoned. I further understand that such action does not relieve me from paying all boarding service costs. I understand that if my pet soils him/herself while boarding it will be bathed or if my pet has fleas it will be treated, I agree to pay all of the charges for these services. Any controversy or claim arising out or relating to this contract, or breach thereof, shall be settled by arbitration in accordance with the rules of the American Arbitration association. I have read and understand the above boarding consent and policies and assume full financial responsibility for all charges and services incurred.

Countryside's Pet Paradise may execute a new contract for kennel services at any time it may deem appropriate.

Signature: _____ Date: _____

Signature: _____ Date: _____